APPLICATION DATA SHEET

Electronic Version v14 Stylesheet Version v14.0

> Title of Invention

MEDICAL DEVICE TUBING WITH DISCRETE ORIENTATION REGIONS

Application Type:

regular, utility

Attorney Docket Number: S63.2-10941-US01

Correspondence address:

Customer Number:

490

490

Inventors Information:

Inventor 1:

Applicant Authority Type:

Inventor

Citizenship:

US

Name prefix:

Mr.

Given Name:

Scott

Family Name:

Schewe

City of Residence:

Eden Prairie

State of Residence:

MN

Country of Residence:

US

Address-1 of Mailing Address: 6300 Duck Lake Road

Address-2 of Mailing Address:

City of Mailing Address:

Eden Prairie

State of Mailing Address:

MN

Postal Code of Mailing Address: 55346

Country of Mailing Address:

US

Phone:

Fax:

	•
E-mail:	
Inventor 2:	
Applicant Authority Type:	Inventor
Citizenship:	US
Name prefix:	Mr.
Given Name:	Victor
Family Name:	Schonele
City of Residence:	Greenfield
State of Residence:	MN
Country of Residence:	US
Address-1 of Mailing Address:	9125 Pioneer Trail
Address-2 of Mailing Address:	
City of Mailing Address:	Greenfield
State of Mailing Address:	MN
Postal Code of Mailing Address:	55357
Country of Mailing Address:	US
Phone:	•
Fax:	
E-mail:	
Inventor 3:	
Applicant Authority Type:	Inventor
Citizenship:	NL
Given Name:	Jan
Family Name:	Weber
City of Residence:	Maple Grove
State of Residence:	MN
Country of Residence:	US

Address-1 of Mailing Address: 18112 89th Place North

 $file://F:\WPWork\WJS\10941-US01\10941-US01-usrequ.xml$

Address-2 of Mailing Address:

City of Mailing Address:	Maple Grove
State of Mailing Address:	MN
Postal Code of Mailing Address	s: 55311
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	
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Attorney Information:	

Name	Registration Number
Mr. Walter J. Steinkraus	29592